

**Subject:** Studies in the News: (July 16, 2007)

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## Studies in the News for



## California Department of Mental Health

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### Introduction to Studies in the News

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### The following are the Subject Headings included in this issue:

**Children and Adolescent Mental Health**  
**Early Intervention**  
**Foster Care and Mental Health**  
**Mental Health Policies and Procedures**  
**Posttraumatic Stress Disorder**  
**School-Based Early Intervention**

**Stigma  
Studies to Come  
Suicide Prevention**

The following studies are currently on hand:

**CHILD AND ADOLESCENT MENTAL HEALTH**

**Conceptualizing a “Strong Start”: Antecedents of Positive Child Outcomes at Birth and into Early Childhood. By Cassandra Logan, Child Trends, and others. Research Brief. Publication No. 2007-10. (Child Trends, Washington, DC) February 2007. 8 p.**

[“Most people agree that children are important both for their own sake and for America’s future. Therefore, it is vital to nurture children’s development and well-being and to identify those factors that can increase the odds that children will experience a “strong start” in life. This Research Brief identifies and examines factors associated with children being born and growing up healthy – in other words, with a strong start.

To identify potential factors, Child Trends conducted an extensive review of research studies to identify maternal and family antecedents (conditions and characteristics before and during pregnancy) of health infant and child outcomes...Our work extends previous research by identifying characteristics of the mother and her environment that are associated not only with positive health outcomes at the time of the birth (such as health birth weight or full term delivery) but that also may be linked to positive physical, behavioral, and cognitive outcomes in early childhood and into adolescence.”]

Full text at: [http://www.childtrends.org/Files//Child Trends-2007\\_02\\_12\\_RB\\_StrongStart.pdf](http://www.childtrends.org/Files//Child_Trends-2007_02_12_RB_StrongStart.pdf)

[Request #S07-101-670]

**Infant and Early Childhood Mental Health: [Issue Theme]. Early Report. (Center for Early Education and Development, Minneapolis, Minnesota) Spring 2007. 28 p.**

[“Many people are surprised by the notion that young children – let alone infants – can possess ‘mental health.’ Even more incredible to some is the assertion that our youngest children can develop mental health problems that contribute to poor outcomes in the future, or that babies can become so distraught that they literally stop eating. The reality is that the foundations of mental health are established in the first years of life.

The ‘health’ in mental health includes the critical skills children need to participate in learning activities and thrive in all areas of life, including the regulation of emotions and behavior, the development of trust and empathy, the establishment of a health degree of autonomy, and the development of self-efficacy. These foundational strengths develop through ongoing interactions with parents and other caregivers and are shaped by factors

within the child, parents (including parental mental health), family, neighborhood and larger society....Thus, investing in young children's mental health is, in fact, one of the most important ways to promote school readiness and reduce educational disparities.”]

Full text at: <http://education.umn.edu/ceed/publications/earlyreport/spring07.pdf>

[Request #S07-101-671]

**Summaries of Research on Mental Health Services for Children and Adolescents and their Families. Prepared by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute. Data Trends. No. 145. (The Center, Tampa Florida) July 2007. 2 p.**

[“In this article, *Empirically Based School Interventions Targeted at Academic and Mental Health Functioning*, (Olin and others, 2007), the authors review the published research on school interventions and call attention to the dearth of research on interventions that target both mental health and academic outcomes. The literature review of 64 articles targeting the effectiveness of school-based interventions that met methodological criteria revealed only 24 articles that examined outcomes for both mental health and academic programs. Of these 24 interventions, 15 revealed a positive impact on both mental health and academic outcomes.”]

Summary: [http://datatrends.fmhi.usf.edu/summary\\_145.pdf](http://datatrends.fmhi.usf.edu/summary_145.pdf)

[Request #S07-101-672]

### **EARLY INTERVENTION**

**“Maternal Stress and Emotional Status during the Perinatal Period and Childhood Adjustment.” By Karla Anhalt, Kent State University, and others. IN: School Psychology Quarterly, vol. 22, no. 1 (March 2007) pp. 74-90.**

[“An emerging literature suggests that maternal distress during the prenatal and perinatal period may adversely affect offspring development. The association between maternal stress and emotional status in the perinatal period (defined as 1 month after birth) and adjustment of first-grade children was examined in 948 mother-child dyads from the NICHD Study of Early Child Care using hierarchical multiple regression. Maternal demographic characteristics, including maternal education and income, accounted for 4% of the variance in Child Behavior Checklist (CBCL) externalizing scores when children were in first grade. Maternal stress and emotional status at 1 month accounted for an additional 4% of the variance in CBCL externalizing t scores; statistically significant contributions were made by maternal depression and perceived social support. Maternal depression and parenting stress at 1 month made statistically significant contributions to CBCL internalizing scores at first grade. These findings contribute to a growing body of literature indicating that perinatal maternal adjustment is associated with children's

emotional and behavioral functioning years later. Implications for school psychologists' involvement in prevention, assessment, and intervention practices are discussed.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=spq-22-1-74&site=ehost-live>

[Request #S07-101-673]

### **FOSTER CARE AND MENTAL HEALTH**

**Transitioning Out of the Foster Care System. By the National Conference of State Legislatures. State Mental Health Lawmakers Digest. (NCSL, Washington, DC) Summer 2007. 7 p.**

[“In late spring, most high school seniors are graduating and looking forward to college or a new job. Many are moving in with friends and pursuing relationships. Those who leave home to attend college may return at the end of the year to find a summer job and live rent free.

All these milestones are compromised when a youth does not have a stable home life. Without the emotional and financial support of parents, it is much more difficult to pursue higher education, employment, meaningful relationships and independence. For youth who are aging out of the foster care system, this transition can be very difficult, and is compounded when a youth has mental health needs.

Due to the extreme challenges of their upbringing, some say that up to 90 percent of youth in the foster care system have some type of mental health disorder, most do not receive treatment. A national study found that 35 percent of those aging out have significant mental health needs, and 50 percent have used drugs. More than half have not completed high school. Having mental health needs further impairs an individual's ability to perform daily activities.”]

Full text at: <http://www.ncsl.org/print/health/forum/DigestV6N1.pdf>

[Request #S07-101-674]

### **MENTAL HEALTH POLICIES AND PROCEDURES**

**State Laws Mandating or Regulating Mental Health Benefits. By the National Conference of State Legislatures. (NCSL, Washington, DC) January 2007. 7 p.**

[“Mental health services have been one significant part of medical care for a number of years. However, the costs, coverage and availability of such services have been the object of policy discussion and a variety of state legislation. There is not a general consensus that state government should require coverage for mental health. 46 states currently have some type of enacted law but these laws vary considerably and can be divided roughly into three categories: 1. mental health “parity” or equal coverage laws; 2.

minimum mandated mental health benefits laws; and, 3. mandated mental health “offering laws”.

Note that some laws apply primarily to “serious mental illness” and may not assure coverage for current circumstances. Many private market health plans include some type of mental health benefits on a voluntary commercial basis, not necessarily required by state or federal laws. Note that grief counseling may not be considered a covered benefit under some state laws, although it may be offered by insurers as part of a standard mental health benefit package. Laws in 21 states include coverage for substance abuse, alcohol or drug addiction.”]

Full text at: <http://www.ncsl.org/programs/health/Mentalben.htm>

[Request #S07-101-675]

### **POSTTRAUMATIC STRESS DISORDER**

**“Gender Differences in Posttraumatic Stress Disorder.” By Miranda Olf, University of Amsterdam, and others. IN: Psychological Bulletin, vol. 133, no. 2 (March 2007) pp. 183-204.**

[“One of the most consistent findings in the epidemiology of posttraumatic stress disorder (PTSD) is the higher risk of this disorder in women. Explanations reviewed within a psychobiological model of PTSD suggest that women's higher PTSD risk may be due to the type of trauma they experience, their younger age at the time of trauma exposure, their stronger perceptions of threat and loss of control, higher levels of peritraumatic dissociation, insufficient social support resources, and greater use of alcohol to manage trauma-related symptoms like intrusive memories and dissociation, as well as gender-specific acute psychobiological reactions to trauma. This review demonstrates the need for additional research of the gender differences in posttraumatic stress. Recommendations are made for clinical practice.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=bul-133-2-183&site=ehost-live>

[Request #S07-101-676]

### **SCHOOL-BASED EARLY INTERVENTION**

**School-Based Early Intervening Services: An Opportunity to Improve the Well-Being of Our Nation’s Youth. By M. G. Clark and others, Center for School Mental Health Analysis and Action, University of Maryland School of Medicine. Issue Brief. (The Center, Baltimore, Maryland) June 11, 2007. 8 p.**

[“The *Individuals with Disability Education Act* (IDEA) was first passed in 1975 as the *Education for All Handicapped Children Act*. This legislation represented the first allocation of public resources for schools to provide free, appropriate education and

related services, including mental health services, to youth with disabilities. Today more than 6.8 million students receive funding through IDEA....

Congress reauthorized IDEA in 2004 as the *Individuals with Disabilities Education Improvement Act* (IDEA 2004). This legislation, effective July 1, 2005, contains new and unique language...Specifically, the reauthorization allows up to 15% of IDEA 2004 Part B federal funds to be used for early intervening services for students ages 3-21 'who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.' The purpose of this brief is to advance understanding of this particular change to IDEA and to discuss potential implications for school mental health services.”]

Full text at: <http://csmh.umaryland.edu/resources.html/School-Based%20Early%20Intervening%20Services%20brief.pdf>

[Request #S07-101-677]

### **STIGMA**

**“250 Labels Used to Stigmatize People with Mental Illness.” By Diana Rose, Institute of Psychiatry, Kings College, London, and others. IN: BMC Health Services Research, vol. 7, no. 97 (June 28, 2007) pp. 1-23.**

[“The stigma against people with mental illness is a major barrier to help-seeking in young people for mental health problems. The objective of this study was to investigate the extent of stigma in relation to treatment avoidance in 14 year-old school students in England in relation to how they refer to people with mental illness.

This is a qualitative, cross-sectional study. The data were gathered as part of the baseline assessment for an intervention study intended to reduce stigma among 14 year old school students. The participating schools were one grammar (selective) school and three comprehensive (non-selective) schools. At the start of the lesson, the students were asked 'What sorts of words or phrases might you use to describe someone who experiences mental health problems?' Words and terms used to refer to mental illness were enumerated. Using the grounded theory approach, words and terms were grouped in terms of their denotative and connotative meanings. Labels were then derived to capture the key themes attached by the students to the concepts of mental illness. The frequencies of occurrence for each word were also tabulated. Results 400 of the 472 participating students (85%) provided 250 words and terms to describe a person with mental illness.

Five themes were identified from the data. The first theme called popular derogatory terms (116 items) accounted for nearly half of the words examined. The second theme occurred less often and was described as negative emotional state (61 items). The third theme demonstrated the confusion of young people between physical disabilities, learning difficulties and mental health problems (38 items). The use of psychiatric diagnoses (15 items) and terms related to violence (9 items) were unexpectedly uncommon.

Our findings suggest the hypothesis that help-seeking by mentally ill young people may be improved by interventions that address both their lack of factual information about mental illness, and those which reduce their strong negative emotional reactions towards people with mental illness.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1472-6963-7-97.pdf>

[Request #S07-101-678]

### **SUICIDE PREVENTION**

**“Analysis of National Toll Free Suicide Crisis Line in South Africa.”** By Sue-Ann Meehan, Stirco Research Services, and Yvonne Broom, University of Witwatersrand, Johannesburg. IN: *Suicide and Life-Threatening Behavior*, vol. 37, no. 1 (February 2007) pp. 66-78.

[“The first national toll free suicide crisis line for South Africa was launched in October 2003 with the aim of providing a service dedicated to the prevention of suicide in this country. The intervention was motivated by South Africa’s suicide rate which had risen higher than the global suicide rate, with the majority of attempted suicides occurring among people younger than 35 years of age (WHO, 2002). Demographic characteristics of callers were identified to evaluate the perceived helpfulness of this crisis line, so as to inform planning and implementation of future suicide prevention programs. Results showed that the majority of callers were female; between the ages of 16 and 18 years; and lived in the provinces of Gauteng, North West, or KwaZulu Natal. Callers were more likely to be from urban than rural areas; were still at school, unemployed, or studying at a tertiary institution; and had not previously attempted **suicide**. The majority of participants did perceive the crisis line as helpful. The continued collection of demographic data from the crisis line is recommended so that South Africa can create an updated database of areas and sectors of the population that require suicide intervention, and for planning and implementing suicide prevention programs in this country.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2007-04801-008&site=ehost-live>

[Request #S07-101-679]

**“Ethical, Legal, and Practical Issues in the Control and Regulation of Suicide Promotion and Assistance over the Internet.”** By Brian Mishara, University of Quebec at Montreal, and David N. Weisstub, University of Montreal. IN: *Suicide and Life-Threatening Behavior*, vol. 37, no. 1 (February 2007) pp. 58-65.

[“The promotion of suicide and description of suicide methods on the Internet have led to widespread concern that legal control is mandated. Apart from value concerns pertaining to attitudes about suicide, the guarantee of freedom of expression presents a serious challenge to the introduction of restrictive laws. Recent developments in Australia and Europe are presented, noting jurisdictional complexity as an obstacle to effective

application. Finally, scientific data of an epidemiological nature are revealed to be insufficient to warrant making causal assertions about the Internet and its relation to suicidal acts, including those of vulnerable populations. Recommendations are made with respect to public education, suicide prevention, and future research.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2007-04801-007&site=ehost-live>

[Request #S07-101-680]

**“Suicide Attempts among Patients Starting Depression Treatment with Medications or Psychotherapy.”** By Gregory E. Simon and James Savarino, Center for Health Studies, Seattle, Washington. IN: *American Journal of Psychiatry*, vol. 164, no. 7 (July 2007) pp. 1029-1034.

[“This study compared the time patterns of suicide attempts among outpatients starting depression treatment with medication or psychotherapy....The overall incidence of suicide attempt was highest among patients receiving antidepressant prescriptions from psychiatrists, lower among those starting psychotherapy per 100,000, and lowest among those receiving antidepressant prescriptions in primary care per 100,000. The pattern of attempts over time was the same in all three groups: highest in the month before starting treatment, next highest in the month after starting treatment, next highest in the month after starting treatment, and declining thereafter. Results were unchanged after eliminating patients receiving overlapping treatment with medication and psychotherapy. Overall incidence of suicide attempt was higher in adolescents and young adults, but the time pattern was the same across all three treatments.

The pattern of suicide attempts before and after starting antidepressant treatment is not specific to medication. Differences between treatments and changes over time probably reflect referral patterns and the expected improvement in suicidal ideation after the start of treatment.”]

Full text at: <http://ajp.psychiatryonline.org/cgi/reprint/164/7/1029>

[Request #S07-101-681]

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### **STUDIES TO COME**

*[The following studies, reports, and documents have not yet arrived. California State Employees may place requests and copies will be provided when the material arrives.*

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## STIGMA

**“American’s Attitudes toward Mental Health Treatment Seeking: 1990-2003.” By R. Mojtabai, Beth Israel Medical Center, New York. IN: Psychiatric Services, vol. 58, no. 5 (May 2007) pp. 642-651.**

[“This study examined recent trends in Americans' attitudes toward mental health treatment seeking and beliefs about the effectiveness of such treatment. METHODS: Data on attitudes and beliefs from two representative surveys of the U.S. general population were compared\ . Samples included 5,388 participants from the National Comorbidity Survey (NCS) in 1990-1992 and 4,319 from the National Comorbidity Survey-Replication (NCS-R) in 2001-2003.

Participants in the 2001-2003 survey were more willing than those in the 1990-1992 survey to seek professional help for mental health problems (41.4% reported that they would "definitely go" for professional help in 2001-2003, compared with 35.6% in 1990-1992). Participants in the more recent survey were also more comfortable talking with a professional about personal problems (32.4% in 2001-2003 reported feeling "very comfortable," compared with 27.1% in 1990-1992) and were less likely to say that they would be embarrassed if others found out about it (40.3% reported being "not at all embarrassed" in 2001-2003, compared with 33.7% in 1990-1992). Attitudes of younger participants improved more than attitudes of middle-aged participants. Public beliefs about the effectiveness of mental health treatment and the likelihood of recovery without treatment changed little across surveys.

Mental health treatment seeking has become more acceptable over the past decade, and perceived stigma associated with it has declined. These changes in public attitudes have likely contributed to the growing demand for mental health services in the United States and will continue to do so in the coming years.”]

[Request #S07-101-682]